UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING
Thursday July 1, 2021, 10:00 AM – 12:00 PM MT

Room 125 (Cannon Building) &

Join Hangouts Meet
meet.google.com/mix-bhru-vhf
Phone Number: 559-419-0735
PIN: 367 573 773#

Minutes

Members Present: Mark Dalley (Chair), Ben Hiatt, Chris Klomp, Dallas Moore, Matt Mccullough, Patricia Henrie-Barrus, Randall Rupper, Todd Bailey

Members Absent: Brian Chin, Preston Marx, Seraphine Kapsandoy

Staff Members: Navina Forsythe, Kyle Lunt, Valli Chidambaram, Robert Wilson, Huaizhong Pan, Humaira Lewon

Guests: Sid Thornton

Welcome and Introduction:

Mark Dalley welcomed everyone and began the meeting**.**

Approve May Meeting's Minutes:

May meeting minutes were reviewed.

MOTION:

Todd Bailey made the motion for approval, Chris Klomp seconded, and all committee members voted in favor and the minutes were unanimously approved.

Review of Old Strategic Plan:

Navina Forsythe introduced the topic of the strategic plan and started by walking through the history of the current plan and what it includes. The old plan ended in 2020 but was delayed due to COVID. The Digital Health Service Commission has been around since about 2000. It is codified in statute to have 13 members. The responsibilities of the commission are to advise, to make recommendations on Digital Health Services to departments and other state entities. It is passed up through our Executive Director and he can pass it up further to the governor's office or to other entities. They can make recommendations on services related to patient privacy and information security promoting collaborative efforts to establish technical, compatibility policies, privacy features, things related to that.

The Commission will look at legal,ethical, regulatory, financial, or technical issues that may serve as barriers to digital health service. Development of digital health systems to reduce health care costs, increase health care quality and access are looked at as well. Especially looking at rural health providers and special populations and seeking public input where needed. This goes up through the department and passed along to the Governor and legislature.

This last session, the commission issued support that they wanted the department to officially support the changes related to ePOLST and electronic signatures and things which after the commission recommended that, the department did officially support that.

1. **Vision Mission:**

Navina reviewed the statewide health vision and health vision for IT. When the plan was developed, there was a statewide vision for Health IT. The first vision is a Statewide Health Vision for Utah to be a place where all people can enjoy the best health possible and where all can live, grow, and prosper in healthy and safe communities. This committee did a Statewide Vision for Health IT for Utah to be a place where the secure and efficient use and exchange of electronic health. information will result in improved health status, better healthcare, and lower cost in healthier communities.

The commission worked to develop a state HIT plan that started in 2013 with the State Innovation Model Grant and which funded planning for Statewide IT initiatives and the commission's chair and co-chair lead a lot of those efforts. In 2015, they came up with Health IT Vision principles and priorities and in 2016, led the development of the first Health IT Strategic Plan as well as different performance measures. It has been updated several times to align with ONC and with other things that have come out in the commission's meetings.

We started looking at ONC measures and looking at where Utah compared to national data regarding things like EHR adoption, certification, different exchange and interoperability, patient engagement, hospital and physician use of different electronic mechanisms. This had been monitored as part of the plan and they stopped updating a lot of those measures that we pulled. The last data is from about 3 years ago. They have talked about doing new measures for the new plan and we will wait on that.

A priority framework for health IT was developed and the priority framework had a priority to improve system interoperability and portability, to support integration of physical and behavioral health care, and improve population health. It is meant to describe the relationship of various health IT components, health data uses and statewide initiatives. Navina reviewed the Pyramid model for priority framework for health IT.

2. **Goals Objectives:**

Navina discussed Utah Health IT strategic goals that were developed.

There have been modifications to these over the past few years. A main goal was looking at advancing the health and well-being of individuals and communities, through person-centered and self-managed health, with different objectives underneath that. Increasing use of health information for shared decision making and enabling people to understand and act on that information, helping people have better access and control to their own health information. Using UHIN patient portals and customer focused health IT, patient education and use of tools for wellness and self-care, increasing effective

patient consumer mediated exchange. This was added when it was last updated in 2019 to advance access to public health data.

Navina reviewed the dashboard. Things that public health captures, immunizations for example, with goals and different measures were developed as part of a dashboard. There were some measures where a baseline was established in 2016 and then updated in 2017, and 2018 and a lot of the original established goals were met. At the request of the commission, there was a change in 2019 and we don't see data past 2018.

The second goal area was to strengthen healthcare delivery transformation. Looking at things for transparency and access to quality and custom information for communities and providers to look at functions for Innovative models of care.

The third goal area was to advance interoperable health IT infrastructure. Looking at basic guidelines or standards that would align with national requirements and certification. To help with Health Information Exchange, looking at privacy and security. Increasing the functionality and effectiveness of Statewide HIT Chi members and this was something that the commission had put forth in the past as a recommendation, was to update statute to improve liability protection for providers who accessed information. This happened at the request of the commission and we worked with legislators to sponsor the bill, and it went through and was approved to improve liability protections for providers. So that was a great contribution of this commission. The final goal area is looking at Innovation and applied research to implement Statewide Health IT initiatives.

Navina mentioned that a couple of years ago, there was a concern if we were looking at the HIT plan enough. A cycle was developed to look at the plan, goal review, and dashboards. Navinaa reviewed some changes to the dashboard. Began thinking of changes in the plan that needed to be made when reviewing the dashboard and began making those changes. Navina said one of the challenges is there are a lot of things on the plan so it was hard to focus on some of the high priority interests of the commission as well as go through all of the things the plan tracked. The plan was updated in 2018 and 2019 but now the idea is looking at the whole thing and starting a new plan for 2021-2025. With the dashboard there were specific metrics that originally the commission was looking at and as some of those were met, there was a discussion in 2019 of do we still want to track some of those metrics? It was concluded we didn't want to and wanted to focus on the list of projects in the plan that tied back to some of the goals and objectives and identify those. Look at what was the status? Are they advancing at a good pace without barriers? The commission has worked to update that the past couple of years. Navina mentioned something that is difficult is there have been about 5o different projects and covering all of those in the meetings is difficult as well as priorities changing over the years. The commission continues to work on this and setting priorities. A lot of projects have been achieved and closed and others are continued to be worked on.

3. **HITECH project updates:**

Valli Chidambaram shared some HITECH project updates.The control substance medication integration project. The CSD contains all dispensed control substance medications for all Utah patients. The aim of

this project is to develop the infrastructure necessary to enable health information exchange between the CST and Medicaid eligible providers. That would allow for enhanced care coordination of patients receiving CSD medications.

The major progresses here in this project are the health informatics office which has integrated the CSD into DOHMPI and it is the Department of Health Master Person Index and provides identity services to link and duplicate people within the CSD.

CST match here is an API that's being built by DOPL. The Division of Occupation and Professional Licensing to route requests for an enhanced probabilistic match and that would be available in the CSD's dashboard for prescribers to make informed decisions. The prescriber dashboard for patients prescription information has been developed. The prescriber dashboard helps prescribers compare themselves to peers and self regulate their prescribing behaviors. CST web API is in web service that will allow the chi and EHR systems to query control substance data and display it within their EHR. RX check essay is an open source EHR CST integration model. The last of the progresses is the idea that prescribers would be able to query the CSD directly through their EHR system. That would improve the information provided to prescribers of the CSD. However, there has been some restrictions and legal barriers with regards to connection to EHR systems. For instance, UHIN would not be able to store information. Also, when using the system, you must provide the DEA number, their NPI number for validation and things like that and there were concerns about how complete that information would be available.

The second project would be the POLST to ePOLST project. The goal is to develop infrastructure necessary to support an electronic end of life registry to store POLST forms in a centralized location. The application will enable medical providers, caregivers, and patients to access POLST forms electronically. The plan was to build on an expand the utility and features of the CHIE and its patient portal. Some of the Milestones of this project, you can added POLST as a new document feed type in their providers photo so participating members can fill out a POLST document with the patient and have it signed by both the physician and the patient and then uploaded to the CHIE to maintain patients treatment preferences in our Statewide Community Registry.

UHIN also created and tested ePOLST RLS which is record locator service, to track the most current POLST. Using RLS, they would be able to locate, retrieve, and provide the latest POLST form available for use. The Utah Commission on Aging worked with community partners and has provided technical assistance and training regarding documentation of end of life references, on both paper, POLST forms, and populating the appropriate data fields in the EHR as well.

The third project would be the Falls Prevention Project and it aims to develop the infrastructure to send non-transport, Falls EMS events for patients ages, 65 and older to their health care providers. The goal is to identify opportunities, to reduce the risk of future falls, and to build a home health to streamline communication between providers and home health providers within the CHIE

Valli reviewed some of the milestones. The health Informatics office developed Nemesis Parser to select falls and non-transport, falls events, and non-transport patients with ages 65 plus. This is the National Emergency Medical Services Information system and is a Universal standard for how patient care information for a 911 call is collected and it's in example of format. UHIN developed patient discovery API and the health informatics office is testing connectivity, making calls to this API, this is a fire API,

that our lives and organization to determine if that the patient is interested in is known to the other organization. Data will be sent only if a match is found and you can also designed and implemented it to to provide false alerts to providers in the CHIE. UHIN will be interfacing with the Home Health Hubs electronic information system called Netsmart to bridge with EHRs to increase communication between healthcare providers, to mitigate falls risk. This is something that is still in progress.

The last project is the Pediatric patients summary. The goal is to develop an app for use by providers and implemented in primary care and pediatric specialty clinics at the U and also tested in Intermountain Healthcare as well. The app will use information from multiple resources so data available within those organizations EHRs, through the health information exchange, and from the medical home portal to support summarization and sharing of complex information among those clinicians and providers and patient families. The goal is to provide care and outcomes for patients with chronic and complex conditions. Children with special health care needs and to advance the interoperability of EHRs and health information exchange. Valli reviewed a few milestones and concluded.

4. **ThSisU Update:**

Sid Thornton discussed the ThSisU update. He shared what is critical is that we have components in our shared infrastructure that enable the identification and the correlation of these electronic identities across systems. What we found is in the early 2000s, as we began to do point to point correlations of electronic identifiers, the maintenance costs at each organization, whether public, private, payer, or provider, all of these organizations had to maintain these correlation tables. They had to synchronize them in order to have effective clinical health information exchange.

As part of the Statewide Innovation Model that Navina presented, we went through the major use cases that we could imagine for moving data across organizations. This meant private to private, private to public, statewide and national and we extracted From those use cases, a set of five identity services which would form the foundation of infrastructure. This would make the Utah Health Information Exchange both efficient, secure, and at the minimum cost to our community and those identity services included the patient identification. The correlation in a hub model rather than point to point of patient identifier, a patient identifier both from the organizations as well as the central entity correlation.

Then there were the provider identifications. Understanding who the provider is electronically, their electronic delivery preferences and endpoints, is something that if we don't do that centrally, every organization has to maintain that independently and synchronized.

The third which has been really fruitful is the relationship management between provider and patients or persons and providers. Essentially this maintains the permissions of how information should flow based on the attribution or the affiliation of those relationships.

The fourth cornerstone of the shared identity services is the proxy management. How do we share and understand what are the legal proxies and the authorized proxies for a person, their dependents, and/or their legal guardians and custodial guardians. This is a huge opportunity for us to be efficient and maintain integrity across the community.

The final cornerstone of the shared identity services is the shared logic for data orchestration across organizations based on use case. As Valli presented the use case for the pediatric patient summary. It was a wonderful example of where we're leveraging that logic to understand how we pull information systematically from multiple organizations into a common record based on a consensus agreement for that specific use case.

These five foundational services were intended to be opportunistic, to be developed not based on a specific project in and of themselves but rather to incrementally improve these services through the use case and the granting process.

These services are being built opportunistically, some have advanced and others have sort of languished. One where we've had incredible success is in the person to provider relationships and that is maintained through UHIN. It has proved invaluable particularly now in the era of the 21st century and cures information blocking that is providing a great amount of relief from that regulation perspective. Where we struggle is in the provider directory that has not been able to take off the ground and what we've seen are a proliferation of provider directories around the community and no real benefit as a unity service.

Sid shared a few things they learned through the pandemic. He said his organization, which is Intermountain Healthcare, was asked to participate in at least five projects which were covid related. That is data exchange products to respond to the pandemic. Three of those, we were unable to leverage the shared identity services and we learned lessons from them. Two of them we were able to successfully leverage that ThSisU infrastructure and also learned lessons from them. What we saw because we did not have access at that time in the Patient Discovery API. When we were asked to do cross community screening orders, which was a patient facing application, we were not able to link into the shared identity services. We saw our duplication rates, which is really an indication of fragmentation of the record. We had independent records for these covid screenings in the community that were at 30% compared to Less than 0. 5% if we go through the API. What that did is for that single use case. it doubled our organizational cost for data integrity and for resolving these identities.

A single application actually had multi-million dollar implications in terms of data, quality and data safety. We saw the same thing when we were asked to do the vaccination scheduling. Because we didn't have access to that shared service, we saw again, greater than 30% fragmentation of those records from the cross community piece. So there's a huge operational cost and a huge data Integrity cost. Some of the wonderful examples that did work where we were able to leverage the identity services. For example, in the bi-directional immunization results that came through with essentially no identity errors. In terms of linking those, we had other technical problems but not associated with identity resolution and also the results inbound from outside and screenings because they came through those.

The important part for the identity resolution is that there was essentially no fragmentation of that record Independent of where the person came from As long as they came from the Utah geography. We did have difficulty crossing state boundaries. As soon as we went into our neighboring states and we're not able to leverage the Utah investment, we saw again the greater than 30% fragmentation, which sort of seems to be the standard that the best that we can do with patient facing applications that are unsupervised.

Where we stand today, we've had most of our stakeholder organizations have had staff turnover and we have great pressures to realign the ThSisU identity services goals with the 21st century, cures, objectives, and some of the other national as well as our state pieces. We're in a sort of a rebuilding mode, sort of coming back in and asking what are the next set of priorities. Our group will meet again in August and we'll discuss the post pandemic experiences that we learned.

The HIT Strategic Plan:

Kyle Lunt mentioned his presentation builds on what Navina discussed earlier. The main difference is Navina outlined what we had previously done in the Utah Strategic Plan and I am going to compare and contrast a little bit of that old plan for our state with the new federal plan. I think some things to talk about while we walk through this is kind of what worked with the old plan and what things you would like to change. As we compare with the federal plan, think about what from the federal plan do we want to adopt? How do we want to kind of construct and build a new plan for the state of Utah?

Kyle shared some notes and observations. The general format, especially for the federal plan, is to start with the high level goal. Nested underneath those goals there will be a number of objectives and by completing those objectives you would be reaching your goal. Both our old Utah plan and the new federal plan have four goals that are quite similar in intent. There's more variance once we get into the objectives and strategies and the way we track projects is quite different.

The first goal was discussed. In general, our Utah plan had more detailed objectives and in many cases more objectives. The federal wording is a little more concise and just shorter. Goal one is to promote health and wellness, this correlates very well to our old goal one, which was to advance the health and well-being of individuals and communities. One key difference is in our goal, we specifically say through person-centered and self-managed health. There's no provision in the federal plan for how they're going to do that, it's just a very general statement at the goal level. One other thing that's kind of ironic. If we look through the gold one objectives at the federal level- improve individual access to usable health information, advance healthy and safe practices through health IT. objective 1C, there's nothing in our plan that really correlates with this by. Ironically enough we are consolidating our health and human services departments right now, so that might be something worth including in our future plan. So they have objective 1 to integrate health and human services information.

We are a lot more granular in our old plan. Where they have objective, 1A, we actually have 1A, 1B, and parts of 1C and even 1E and 1F. They all kind of relate to this single objective in the federal plan. We get a lot more detailed here by mentioning that we want to increase adoption and use of patient portals. For example, increased individuals ability to access control and amend their health information. That is the difference I noticed when reviewing the plans.

Goal 2 is discussed. Our goal 2 correlates pretty well with the federal goal 2. The federal plan goal2 is enhance the delivery and experience of care. Our goal 2 was to strengthen healthcare delivery

transformation. The only key difference Kyle saw in the actual goal is they say delivery and also experience, where we really discussed more of the delivery of that data.

Kyle found that for this specific goal, the objectives were actually a little closer together. Although the wording is different, my interpretation was that the intent was fairly similar. The objectives are based on leveraging health IT to improve clinical practice, promote safe high quality care to expand access and connect patients to care, to foster competition, transparency, and affordability in health care. This objective was mentioned, I think actually in our goal one objective for Utah as well to reduce regulatory and administrative burden on providers and enable efficient management of health IT resources and the nationwide workforce confidently using health IT.

Their goal three is build a secure data-driven ecosystem to accelerate research and innovation. Our goal four was support innovation and applied research to efficiently implement statewide health IT initiatives. One thing that was a little different here than our objectives for this one, we have 4B which talks about specifically broadening statewide partnerships and we also had 4C which had an emphasis on using using technology to inform best practices. There isn't an exact equivalent on the federal side, so that's one of the main differences he noted.

Navina said I think there is quite a bit of difference between those as well. One is how we can utilize data that we have through our system to accelerate research and Innovation and that could be a broad range of research with related to clinical treatment, anything in the health system where the data can inform how we can improve practice. What we were looking at before is we wanted to look at research to inform how we do our IT. I think that there's there's a bit of difference in that and that both are important. That is something to think about with us, do we want both or do we want to just to stick with what the federal plan has?

Kyle said in general, a lot of the the federal guidelines are, are a little more broad but you can say that all of our objectives would would certainly still fit under the federal goal as it's worded. There's could also include other objectives or plans that maybe don't quite support the way our goals are worded.

Kyle moved on to the last one and said our goal 3 is most closely aligned with their goal 4 but there is quite a bit of variation here as well. So their goal is a little more broad here where they're just saying connect healthcare with health data. Our previous goal three was enhance Utah's interoperable health IT infrastructure. So, a bit of a divergence here, but these were the two that were most closely correlated.

This is another place where you can very clearly see that the federal objectives tend to be a little shorter. A lot of the intent is similar, but in our previous plan, we got a lot more granular here. So if we look at a couple examples, the federal plan has a lot of broad statements, like advance the development and use of IT capabilities. Whereas if you look at 3C, we actually get in to say increase functionality and effectiveness of statewide HIE and support, increase connections with other data sources including integrated delivery systems HIE's and providers.

So in addition to that first objective, Kyle read they want to establish expectations for data sharing, enhance technology and communications infrastructure, and promote secure health information practices that protect individuals. That was the review and then Kyle discussed the strategies. What generally

happens in the federal plan is as they list objectives, they typically don't say how they're going to do that objective. So nested beneath each objective, they have some strategies and that more clearly defines how would we actually go about doing this?

So a good example is a federal strategy related to objective 1A is enable individuals taxes through health information by ensuring that they can view and interact with their data via secure mobile apps, patient portals, and other technologies. In contrast in our Utah plan we actually list out specific projects. Not only did we say, how we're going to do it but we actually had something specific planned. This was a pretty big deviation just in how the strategic plans were structured. I think that's something for us to also brainstorm is do we want to change this to be more like the federal plan where we have more generic strategies on how to accomplish an objective or do we actually find value in listing specific projects?

Kyle read out some questions for the UDHSC. I think the first thing we were looking for is just general feedback on the previous plan. What the group felt worked well, and what didn't with the Utah plan specifically.

Rand Rupper shared that all of that information was very helpful but the tracking part was difficult. I don't know that was very effective trying to Keep track of the progress of that many projects is really hard. I think it's good for us to be aware of them but we at one point tried to really tie those projects, cross-reference them back to different pieces of the plan. That I think is challenging. I would say it's great for us to be aware and even help facilitate and it would have been nice to say this project is hitting barriers and could we help? But I think it was hard for us to do that.

Sid Thornton added that from the implementer perspective, having the project or the initiative list was incredibly helpful for alignment and for our organizational roadmapping. As opposed to vague, or non-specific lists, having the specific actions and being able to take that back to our local roadmapping was very helpful as an organization.

Mark Dalley added that from a small hospital perspective of trying to implement things that come down both from the state and federal government. I think the state is much more aware of what they're asking people to do, so when we have a goal, IT says we need to do this and this there's there's an understanding that there's probably cost and work associated with that in any time that strategy can come with ways to implement it or ways to pay for it that's always helpful. The federal government has a habit of saying you're going to do this, and by the way, we're not going to help you with it. They underestimate the cost of implementation price. Transparency is a good example, It was clear and talking with the people that put that into place that they had no idea what they were asking and as a result, they have very little compliance across the healthcare industry right now and I'm sure they're out finding people that haven't done it. I think anytime we can be as specific as we can with what we want and how we're going to do it and how we're going to help people do it and how it's going to be paid for better chance we have of getting it to be implemented.

Kyle asked the next question which was do we keep our state health IT vision? Any changes?

The vision is for Utah to be a place where the secure and efficient use and exchange of electronic health information will result in improved health status, better healthcare, lower cost and healthier communities.

Feedback was shared and discussed. Sid mentioned removing electronic health information. Sid said I don't know that it's necessary for our vision to be explicit about the exchange of health information anymore and interoperability needs to be directly called out. Kyle said yeah, that kind of makes sense to me if you just had it say the secure and officiate use of electronic health information, just exclude and exchange. I mean, if we're not exchanging data where needed then it's not in an inefficient use. I think it's sort of implied in the statement. That's a good thing to consider.

Mark Dalley said I don't disagree, but isn't one of our mandates when we were created that we developed a health information exchange or advice in the development of health information exchange. Is that not one of our mandates as a committee Navina?

Navina said Interoperability is still a huge focus especially when you're talking about social determinants. There's huge initiatives and it can come from the Governor for that. Navina looked at the legal responsibilities for the commission. It doesn't hearsay interoperability. There are a couple other places in code where it talks where there's responsibilities for us on establishing exchange standards for interoperability. We can look at that and bring some of that back. This is a lot of good information that we can take and play with some versions of this to bring back at a future meeting.

Kyle discussed the priority framework and the design. He said the design looked a little busy and he was a little unsure of the intent. Navina shared the intent was to say that all of those are foundational aspects that build on each other.

The next question Kyle reviewed was do we want to align with the federal plan goals and objectives.

Navina said I think that we don't want to be in conflict with the federal plan but I don't think that that means that we can't expand if we don't feel that the plan goals and objectives cover everything that we feel is important for the state. This is something that maybe the next couple of months you guys can look at it and send other feedback and we'll be working on a draft because I know it's hard to do a lot of this on the Fly. It would be helpful to take time to look at the comparisons that Kyle did and see if there is something you feel is missing in the federal plan goals and objectives, that is really important for Utah that this commission wants to be on the Utah plan, that we don't want it to be missing. Navina asked for feedback on some of these if possible by the end of July to be ready for September. Kyle will send out the information from his presentation and it will be reviewed and feedback submitted.

Mark Dalley said I think it has been very interesting, when we plan the meetings a year in advance to try and focus on issues that are currently of interest to people. I think at least one time a year, we got to have an update on the plan and just a reminder of the things that are in there and I guess certainly when we're talking about subjects of Interest, we can tie that back to one particular section of the plan. I think at least one meeting a year would be useful just to review the plan and make sure that everybody's still

comfortable with what it says and what we have been able to accomplish during the past year. So maybe the last meeting of the Year, something like that.

Navina said this has been a very helpful discussion going through all of that. I think For next steps, we will take all the feedback we've received from you guys and draft it. We'll send you out the slides from today along with the questions so that you can look through those and get us feedback in July and then in August, we'll start some drafts that we can bring back to you guys to get feedback with a hope then of maybe finalizing a new plan in September or November meetings.

Mark thanked Navina for putting together the agenda, it was very well done. It's been a great discussion and a lot of good information shared. Mark thanked everyone.

Meeting adjourned.